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FEC FORM 2

STATEMENT OF CANDIDACY

| | | |
|---|---|--|
| 1. (a) Name of Candidate (in full) Patrick J. Tiberi | | |
| (b) Address (number and street) 6830 Mahogany Drive | | <input type="checkbox"/> Check if address changed |
| (c) City, State, and ZIP Code Galena OH 43021-8059 | | 2. Candidate's FEC Identification Number H00H12062 |
| 4. Party Affiliation REPUBLICAN PARTY | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| 5. Office Sought House | 6. State & District of Candidate OH 12 | |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| | | |
|--|--|--|
| (a) Name of Committee (in full) Tiberi for Congress | | |
| (b) Address (number and street) 2931 E Dublin Granville Road Suite 190 | | |
| (c) City, State, and ZIP Code Columbus OH 43231-2098 | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| | | |
|--|--|--|
| (a) Name of Committee (in full) Team Tiberi | | |
| (b) Address (number and street) 2931 E Dublin Granville Rd Ste 190 | | |
| (c) City, State, and ZIP Code Columbus OH 43231-2098 | | |

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

| | |
|---|--------------------|
| Signature of Candidate Patrick J. Tiberi | Date 08/15/2016 |
| [Electronically Filed] | |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

| | | | | | | | | |
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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Kelly Tiberi JFC

(b) Address (number and street)

228 S Washington St
Ste 115

(c) City, State and ZIP Code

Alexandria

VA

22314-5404

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code